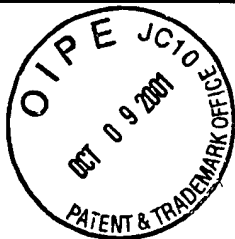


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
18097A-029220US



In re Application of

Application Number 09/437,726

Filed November 9, 1999

For MODIFIED RIBULOSE 1,5-BISPHOSPHATE  
CARBOXYLASE/OXYGENASE FOR IMPROVEMENT AND  
OPTIMIZATION OF PLANT PHENOTYPES

Group Art Unit  
1655

Examiner  
B. Sisson

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$  
☐ Two months (37 CFR 1.17(a)(2)) \$  
☒ Three months (37 CFR 1.17(a)(3)) \$920  
☐ Four months (37 CFR 1.17(a)(4)) \$  
☐ Five months (37 CFR 1.17(a)(5)) \$

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.  
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

October 5, 2001

Date

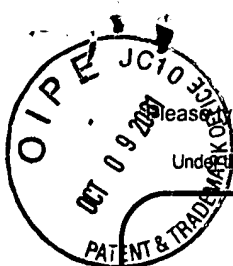
Signature

Matthew E. Hinsch, Reg. No. 47,651

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.



PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

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644 1655/15

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/437,726	
	<b>Filing Date</b>	November 9, 1999	
	<b>First Named Inventor</b>	Stemmer, Willem P.C.	
	<b>Group Art Unit</b>	1655	
	<b>Examiner Name</b>	B. Sisson	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	18097A029220

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm and Individual name</b>	Townsend and Townsend and Crew LLP Matthew E. Hinsch	<b>Reg No.</b> 47,651
<b>Signature</b>		
<b>Date</b>	October 5, 2001	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:			
October 5, 2001			
<b>Typed or printed name</b>	Joy M. Marshall		
<b>Signature</b>		<b>Date</b>	October 5, 2001

Burden Hour THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.  
SF 1277840 v1